MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

09/647199

FILING DATE

APPLICANT(S)

CLAIMS

ND, DEP, NO, DEP, N		AS F	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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